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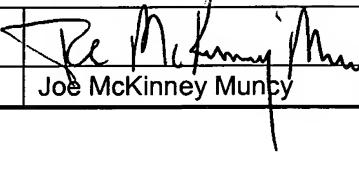
Request For Continued Examination (RCE) Transmittal		Application Number	10/500,189-Conf. #9210
		Filing Date	October 25, 2004
		First Named Inventor	Gang WU
		Art Unit	2686
		Examiner Name	C. N. Appiah
		Attorney Docket Number	4035-0167PUS1
		Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114		Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).	
a. <input checked="" type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. <ul style="list-style-type: none"> i. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ ii. <input checked="" type="checkbox"/> Other <u>Amendment filed April 11, 2006</u> 			
b. <input type="checkbox"/> Enclosed <ul style="list-style-type: none"> i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____ 			
2. Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)			
b. <input type="checkbox"/> Other _____			
3. Fees			
a. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments to Deposit Account No. <u>02-2448</u> . I have enclosed a duplicate copy of this sheet. <ul style="list-style-type: none"> i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) iii. <input type="checkbox"/> Other _____ 			
b. <input checked="" type="checkbox"/> Check in the amount of \$ <u>910.00</u> enclosed			
c. <input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature			
Name (Print/Type)	<u>Joe McKinney Muncy</u>	Date	May 10, 2006
		05/11/2006 JAVD01 0000049 10500189	
		Registration No.	32,334
			790.00 OP